

Carrie A. Bur
Supplemental Specifier

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1			
2			2			
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TOTAL IND.			1			
TOTAL DEP.			10			
TOTAL CLAIMS			11			

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.			1					
TOTAL DEP.			10					
TOTAL CLAIMS			11					